

**Utah's Division of Child and Family Services**

# **Southwest Region Report**

## **Qualitative Case Review Findings**

**Review Conducted October 22-26, 2001**

*A Joint Report by  
The Child Welfare Policy and Practice Group  
and  
The Office of Services Review, Department of Human Services*

---

January 10, 2002

## Table of Contents

I.	Introduction .....	1
II.	Practice Principles and Standards.....	1
III.	The Qualitative Case Review Process .....	3
IV.	System Strengths .....	6
V.	Characteristics of the Southwest Region.....	7
VI.	Stakeholder Observations.....	7
VII.	System Performance Analysis, Trends, and Practice Improvement Needs .....	9
VIII.	Recommendations for Practice Improvement .....	29
	Appendix--Milestone Trend Indicators .....	A-1

## I. Introduction

The Division of Child and Family Services (the Division) completed a comprehensive plan for the delivery of services to families and children in May 1999, entitled The Performance Milestone Plan (the Plan) pursuant to an order issued by United States District Court Judge Tena Campbell. On October 18, 1999, Judge Campbell issued an order directing the Division as follows:

- The Plan shall be implemented.
- The Child Welfare Policy and Practice Group (the Child Welfare Group) shall remain as monitor of the Division's implementation of the Plan.

The Plan provides for four monitoring processes. Those four processes are: a review of a sample of Division case records for compliance with case process requirements, a review of the achievement of action steps identified in the Plan, a review of outcome indicator trends, and, specific to the subject of this report, a review of the quality of actual case practice. The review of case practice assesses the performance of the Division's regions in achieving practice consistent with the practice principles and practice standards expressed in the Plan, as measured by the Qualitative Case Review (QCR) process.

The Plan provides for the QCR process to be employed as one method of assessing frontline practice for purposes of demonstrating performance sufficient for exit from the David C. Settlement Agreement and court jurisdiction. Related to exit from qualitative practice provisions, the Division must achieve the following in each region in two consecutive reviews:

- 85% of cases attain an acceptable score on the child and family status scale.
- 85% of cases attain an acceptable score on the system performance scale, with core domains attaining at least a rating of 70%.

The Plan anticipates that reports on the Division's performance, where possible, will be issued jointly by the Child Welfare Group and the Division, consistent with the intent of the monitor and the Division to make the monitoring process organic to the agency's self-evaluation and improvement efforts.

## II. Practice Principles and Standards

In developing the Plan, the Division adopted a framework of practice, embodied in a set of practice principles and standards. The training, policies, and other system improvement strategies addressed in the Plan, the outcome indicators to be tracked, the case process tasks to be reviewed, and the practice quality elements to be evaluated through the QCR process all reflect these practice principles and standards. They are listed below:

Protection	Development	Permanency
Cultural Responsiveness	Family Foundation	Partnerships
Organizational Competence	Treatment Professionals	

In addition to these principles or values, the Division has express standards of practice that serve both as expectations and as actions to be evaluated. The following introduction and list is quoted directly from the Plan.

*Though they are necessary to give appropriate direction and to instill significance in the daily tasks of child welfare staff, practice principles cannot stand alone. In addition to practice principles, the organization has to provide for discrete actions that flow from the principles. The following list of discrete actions, or practice standards, have been derived from national practice standards as compiled by the CWPPG, and have been adapted to the performance expectations that have been developed by DCFS. These practice standards must be consistently performed for DCFS to meet the objectives of its mission and to put into action the above practice principles. These standards bring real-life situations to the practice principles and will be addressed in the Practice Model development and training.*

- 1. Children who are neglected or abused have immediate and thorough assessments leading to decisive, quick remedies for the immediate circumstances, followed by long-range planning for permanency and well-being.*
- 2. Children and families are actively involved in identifying their strengths and needs and in matching services to identified needs.*
- 3. Service plans and services are based on an individualized service plan, using a family team (including the family, where possible and appropriate, and key support systems and providers), employing a comprehensive assessment of the child and family's needs, and attending to and utilizing the strengths of the child and his/her family strengths.*
- 4. Individualized plans include specific steps and services to reinforce identified strengths and meet the needs of the family. Plans should specify steps to be taken by each member of the team, time frames for accomplishment of goals, and concrete actions for monitoring the progress of the child and family.*
- 5. Service planning and implementation are built on a comprehensive array of services designed to permit children and families to achieve the goals of safety, permanence and well-being.*
- 6. Children and families receive individualized services matched to their strengths and needs and, where required, services should be created to respond to those needs.*

7. *Critical decisions about children and families, such as service plan development and modification, removal, placement and permanency, are, whenever possible, to be made by a team including the child and his/her family, the family's informal helping systems, foster parents, and formal agency stakeholders.*
8. *Services provided to children and families respect their cultural, ethnic, and religious heritage.*
9. *Services are provided in the home and neighborhood-based settings that are most appropriate for the child and family's needs.*
10. *Services are provided in the least restrictive, most normalized settings appropriate for the child and family's needs.*
11. *Siblings are to be placed together. When this is not possible or appropriate, siblings should have frequent opportunities for visits.*
12. *Children are placed in close proximity to their family and have frequent opportunities for visits.*
13. *Children in placement are provided with the support needed to permit them to achieve their educational and vocational potential with the goal of becoming self-sufficient adults.*
14. *Children receive adequate, timely medical and mental health care that is responsive to their needs.*
15. *Services are provided by competent staff and providers who are adequately trained and who have workloads at a level that permit practice consistent with these principles.*

### **III. The Qualitative Case Review Process**

Historically, most efforts at evaluating and monitoring human services, such as child welfare, made extensive, if not exclusive, use of methods adapted from business and finance. Virtually all of the measurements were quantitative and involved auditing processes: counting activities, checking records, and determining if deadlines were met. Historically, this was the approach during the first four years of compliance monitoring in the David C. Settlement Agreement. While the case process record review does provide meaningful information about accomplishment of tasks, it is at best incomplete in providing information that permits meaningful practice improvement.

## Southwest Region Report

Over the past decade there has been a significant shift away from exclusive reliance on quantitative process oriented audits and toward increasing inclusion of qualitative approaches to evaluation and monitoring. A focus on quality assurance and continuous quality improvement has begun to find increasing favor, not only in business and in industry, but also in health care and human services.

The reason for the rapid ascent of the “quality movement” is simple: it not only can identify problems, it can help solve them. For example, a qualitative review may not only identify a deficiency in service plans, but may also point to why the deficiency exists and what can be done to improve the plans. By focusing on the critical outcomes and the essential system performance to achieve those outcomes, attention begins to shift to questions that provide richer, more useful information. This is especially helpful when developing priorities for practice improvement efforts. Some examples of the two approaches may be helpful:

### AUDIT FOCUS:

“Is there a current service plan in the file?”

### QUALITATIVE FOCUS:

“Is the service plan relevant to the needs and goals, and coherent in the selection and assembly of strategies, supports, services, and timelines offered?”

### AUDIT FOCUS:

“Was the permanency goal presented to the court at the dispositional hearing?”

### QUALITATIVE FOCUS:

“To what degree are the implementation of services and results of the child and family service plan routinely monitored, evaluated, and modified to create a self-correcting and effective service process?”

The QCR process is based on the Service Testing™ model developed by Human System and Outcomes, Inc., which evolved from collaborative work with the State of Alabama, designed to monitor the R. C. Consent Decree. The Service Testing™ model has been specifically adapted for use in implementing the Plan by the Division and by the court monitor, the Child Welfare Group, based on the Child Welfare Group’s experience in supporting improvements in child welfare outcomes in 11 states. Service Testing™ represents the current state of the art in evaluating and monitoring human services, such as child welfare. It is meant to be used in concert with other sources of information, such as record reviews and interviews with staff, community stakeholders, and providers.

The Utah QCR process made use of a case review protocol adapted for use in Utah from protocols used in 11 other states. The protocol is not a traditional measurement designed with specific psychometric properties. The QCR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, Mental Health providers, caseworkers, and others to support professional appraisals in two broad domains: Child and Family Status and System Performance. The appraisal of the professional reviewer examining

## Southwest Region Report

each case is translated to a judgement of acceptability for each category of functioning and system performance reviewed using a six-point scale ranging from “Completely Unacceptable” to “Optimally Acceptable.” The judgement is quantified and combined with all other case scores to produce overall system scores.

The Utah QCR instrument assesses child and family status issues and system performance in the following discrete categories. Because some of these categories reflect the most important outcomes (Child and Family Status) and areas of system functioning (System Performance) that are most closely linked to critical outcomes, the scoring of the review involves differential weighting of categories. For example, the weight given permanence is higher than for caregiver functioning. Likewise, the weight given functional assessment is higher than the weight for successful transitions. These weights, applied when cases are scored, affect the overall score of each case. The weight for each category is reflected parenthetically next to each item.

Child and Family Status	System Performance
Child Safety (x3)	Child/Family Participation (x2)
Stability (x2)	Team/Coordination (x2)
Appropriateness of Placement (x2)	Functional Assessment (x3)
Prospects for Permanence (x3)	Long-Term View (x2)
Health/Physical Well-Being (x3)	Child and Family Planning (x3)
Emotional/Behavioral Well-Being (x3)	Plan Implementation (x2)
Learning Progress (x2)	Supports/Services (x2)
Caregiver Functioning (x2)	Successful Transitions (x1)
Family Functioning/Resourcefulness (x1)	Effective Results (x2)
Satisfaction (x1)	Tracking Adaptation (x3)
<b>Overall Status</b>	Caregiver Support (x1)
	<b>Overall System Performance</b>

The fundamental assumption of the Service Testing™ model is that each case is a unique and valid test of the system. This is true in the same sense that each person who needs medical attention is a unique and valid test of the health care system. It does not assume that each person needs the same medical care, or that the health care system will be equally successful with every patient. It simply means that every patient is important and that what happens to that individual patient matters. It is little consolation to that individual that the type of care they receive is usually successful. This point becomes most critical in child welfare when children are currently, or have recently been, at risk of serious harm. Nowhere in the child welfare system is the unique validity of individual cases clearer than the matter of child safety.

Service Testing™, by aggregating the systematically collected information on individual cases, provides both quantitative and qualitative results that reveal in rich detail what it is like to be a consumer of services and how the system is performing for children and families. The findings of the QCR will be presented in the form of aggregated information. These are brief summaries written at the conclusion of the set of interviews done for each case. They are provided only as illustrations to put a “human face” on issues of concern.

## **Methodology**

Cases reviewed were randomly selected from the universe of the case categories of out-of-home, Protective Family Preservation (PFP) services, Protective Services Supervision (PSS), and Protective Service Counseling (PSC) in the region. These randomly selected cases were then inserted into a simple matrix designed to ensure that critical facets of the Division population are represented with reasonable accuracy. These variables stratified the sample to insure that there was a representative mix of cases of children in out-of-home care and in their own homes. For children in out-of-home care, the sample was further stratified to assure that children in a variety of settings (family foster care, group care, and therapeutic foster care) were selected. Cases were also distributed to permit each office in the region to be reviewed and to assure that no worker had more than one of his/her cases reviewed. An additional number of cases were selected to serve as replacement cases, which are a pool of cases used to substitute for cases that could not be reviewed because of worker or family circumstances (illness, lack of family consent, etc).

The sample thus assured that:

- Males and females were represented.
- Younger and older children were represented.
- Newer and older cases were represented.
- Larger and smaller offices were represented.

A total of 24 cases were selected for the review, and 24 cases were reviewed.

## **Reviewers**

The Child Welfare Group qualitative reviewers included professionals with extensive experience in child welfare and child mental health. Most of the reviewers had experience in the Alabama child welfare reform, as well as other reform and practice improvement initiatives around the United States. The Child Welfare Group has employed the QCR process in 11 different states. Utah reviewers “shadowed” the Child Welfare Group reviewers as a part of the reviewer certification process. These reviewers, once certified, will become reviewers themselves and will participate in subsequent reviews.

## **Stakeholder Interviewers**

As a compliment to the individual case reviews, the Child Welfare Group staff and Utah staff interviewed key local system leaders from other child and family serving agencies and organizations in the region about system issues, performance, assets, and barriers. These external perspectives provide a valuable source of perspective, insight, and feedback about the performance of Utah’s child welfare system. Their observations are briefly described in a separate section.

## **IV. System Strengths**

In the course of the review, a number of system assets were observed in individual case practice. These are listed below.



- There has been a general improvement in Child and Family Status and several areas of System Performance.
- Supervisors are more involved in implementing the Practice Model.
- Use of the Practice Model was evident in the cases reviewed.
- The region is developing tools to implement the Practice Model.
- Stakeholders are seeing improvements in practice.
- Team meetings are becoming common.
- Partners have a strong interest in participating on the team.
- Functional assessment is getting attention.
- There is growing awareness of the need for a long-term view.

## **V. Characteristics of the Southwest Region**

### **Trend Indicators for the Southwest Region**

The Division provided current regional trend data and data comparative to the past fiscal year. The table for the Southwest Region, along with that of the other regions, is included in the Appendix.

## **VI. Stakeholder Observations**

The results of the QCRs should be considered within a broader context of local interaction with community partners. Presented in this section is a summary of impressions and observations offered by the key stakeholders who were interviewed during the course of the review.

### **Summary of Stakeholder Interviews**

*Community stakeholders interviewed as part of the review process for the Southwest Region in October 2001 included: Judge Thomas Higbee, Juvenile Court Judge in St. George; Paul Thorpe and Matt Denholder, Southwest Center in St. George; Aaron Shimbeck and Cathy Harmon-Killen, Turning Point in Washington; Shandra Powell, Director of the Family Support Center in Cedar City; Elaine Wayland, Elementary School Principal, Richfield; Gwen Simmons, Juvenile Probation, Richfield; Mike Jorgenson, Guardian ad Litem, Sanpete, Sevier, and Millard Counties.*

#### **What is working well:**

- Each of the community partners indicated that they had a good relationship with the Division. Several community partners stated that they felt the Division was doing a good job of engaging the partners who had not participated in the past. Several partners also stated that they felt the Division listens to them and gives good consideration of their input.
- The partners stated that the caseworkers and administration are professional, accessible, and proactive. They said they see dedicated people who care about the children and families they serve. Specifically, Judge Higbee stated, “overall the Division is doing a

good job” and he “sees good judgment by the Division in deciding to remove a child and bring them to a shelter hearing.”

- Each community partner praised the Division for its efforts in developing the Child and Family Teams. They reported feeling included as full participants in the teams. There was specific praise for the development of the Child and Family Team list that has been a great benefit to the partners.
- There was a statement that there were a lot of good resources available in the Cedar City area. In addition, the stakeholder indicated that they really like the Foster Care Citizen Review Board. They felt that it was a good resource for the Division in that it provides an outside reference point.

**Improvement opportunities:**

- The Southwest Center stated that the working relationship with the Division is good, but it would improve if the Division had a better understanding of their funding issues. They also expressed concern that they are not involved with private placements until it is too late and the placement has blown.
- Most of the partners, especially those from the northern area of the region, expressed concern that the children were not being adequately provided with Mental Health services. In addition, the Southwest Center expressed concern that children with traumatic brain injury, children who are non-adjudicated adolescent sex offenders, and children with Autism are not adequately served and that the Department ought to find a solution to assigning responsibility to a specific division.

**Summary of Focus Groups**

*Focus groups were conducted in the Manti, Cedar City, and St. George offices.*

**What is working well:**

- The support of coworkers is very strong and very important to them.
- Each of the offices spoke highly of the judges they work with; they are committed, respectful, and appreciative of Division staff.
- Cedar City and St. George both stated they see good teaming and interaction from community partners.
- The St. George group recognized good implementation of the Practice Model with an emphasis being put on the family as a whole and focusing on strengths, particularly in the functional assessment.

**Improvement opportunities:**

- Support staff issues were raised in both Manti and St. George. In Manti, there was a concern that they needed more support from administration and existing support staff. In St. George, it was felt that they needed additional staff as they have two staff to support 70-80 cases. It gave some pause to see three positions in a small office such as Manti and only two positions in a large office like St. George.
- A concern for training was raised. It was noted that the new workers in St. George hired in October 2001 would not be given CORE training until February 2002 and could not be assigned any cases until then, which represents a burden on other workers. Regarding the

Practice Model training, several caseworkers complained that the training was very elementary, covering skills they already had, and taking a lot of time away from their casework.

- With regard to community partners, Manti and Cedar City reported a lack of willingness by Mental Health to participate in the Child and Family Teams. St. George stated that there is a need for more Mental Health resources as the demand for services is greatly outweighed by the amount of available providers.
- Several issues related to resources were raised in Manti. Concerns were raised for the lack of peer parenting and parenting classes; it was stated that it is always a fight to get the Mental Health services their clients need; and that there are not enough foster parents near and the Utah Foster Care Foundation has not been to Manti to recruit foster parents.

## **VII. System Performance Analysis, Trends, and Practice Improvement Needs**

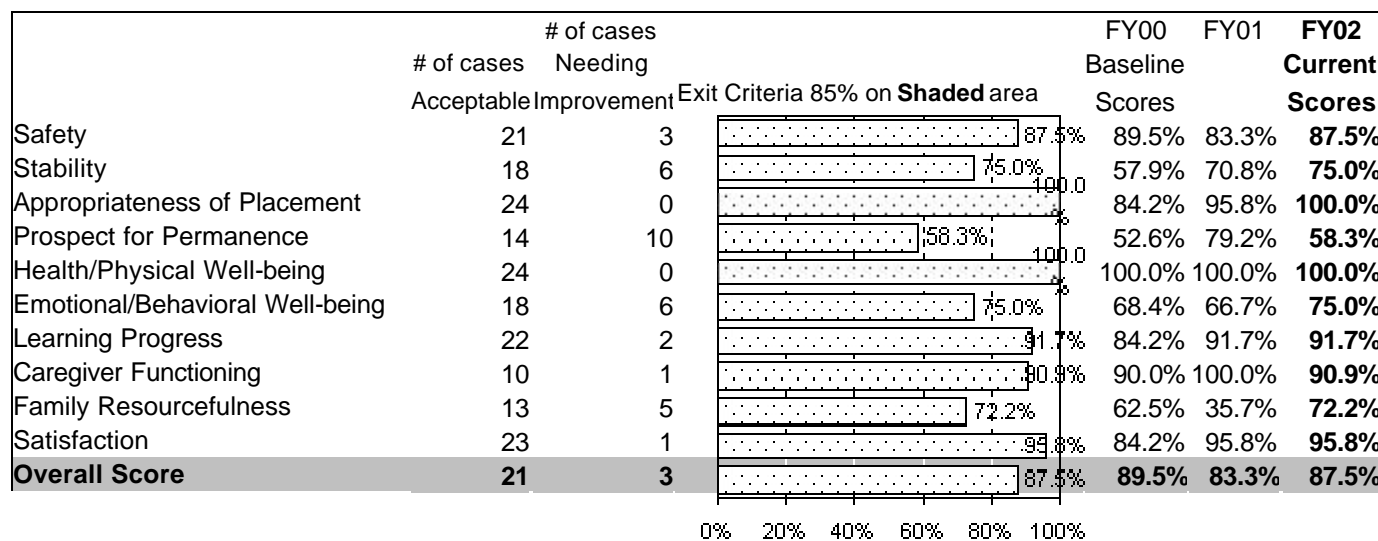
The QCR findings are presented in graphic form to help quantify the observations of the qualitative assessment. Graphs show a comparison of scores for last year's review with the recent review. The graphs of the two broad domains of Child and Family Status and System Performance show the percent of cases in which the key indicators were judged to be "acceptable." A six-point rating scale is used to determine whether or not an indicator is judged to be acceptable. Reviewers scored each of the cases reviewed using these rating scales. The range of ratings is as follows:

- 1 Completely Unacceptable
- 2 Substantially Unacceptable
- 3 Partially Unacceptable
- 4 Minimally Acceptable
- 5 Substantially Acceptable
- 6 Optimal Status/Performance

Child and Family Status as well as System Performance is evaluated using 11 key indicators. An overall, summative score is compiled for each. Scoring for the indicators relative to each of the two domains follow.

## Child and Family Status Indicators

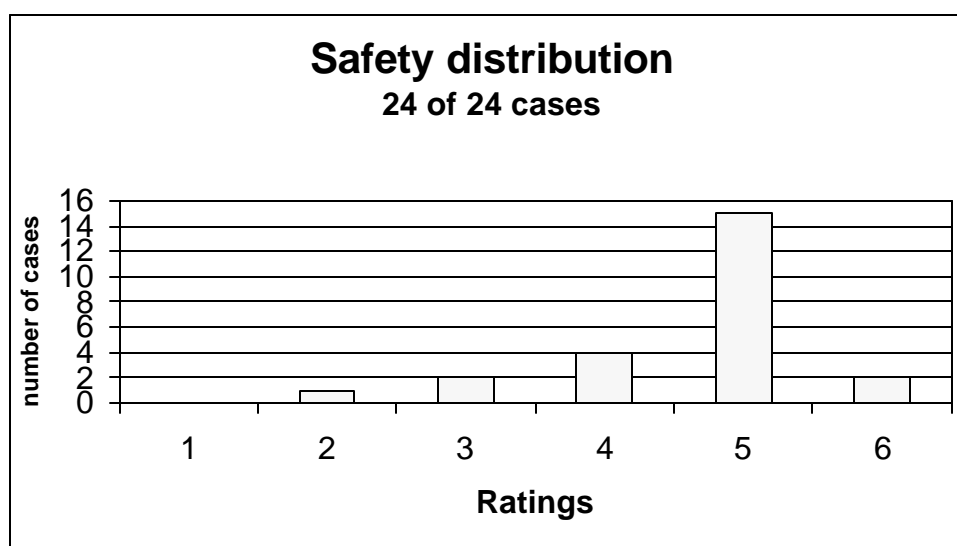
### Overall Status



### Safety

**Summative Questions:** Is the child safe from manageable risks of harm (caused by others or by the child) in his/her daily living, learning, working and recreational environments? Are others in the child's daily environments safe from the child? Is the child free from unreasonable intimidation and fears at home and school?

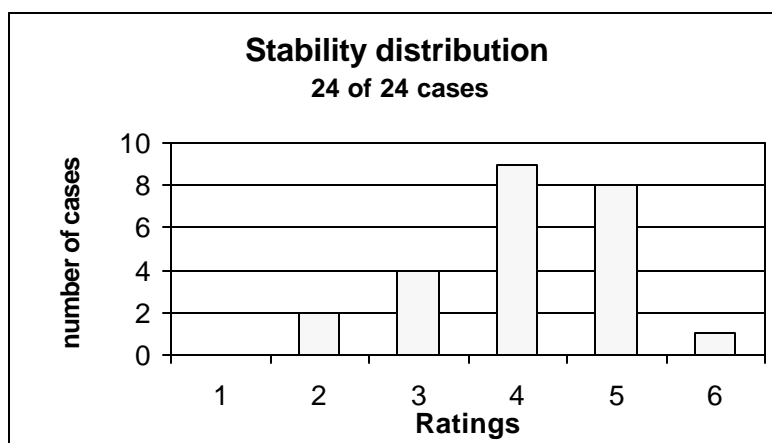
**Findings:** 88% of cases were within the acceptable range (4-6).



## Stability

**Summative Questions:** Are the child's daily living and learning arrangements stable and free from risk of disruption? If not, are appropriate services being provided to achieve stability and reduce the probability of disruption?

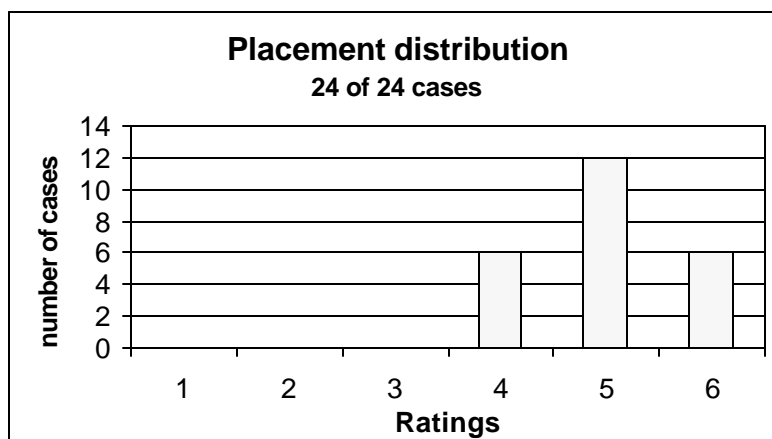
**Findings:** 75% of cases were in the acceptable range (4-6).



## Appropriateness of Placement

**Summative Questions:** Is the child in the most appropriate placement consistent with the child's needs, age ability and peer group and consistent with the child's language and culture?

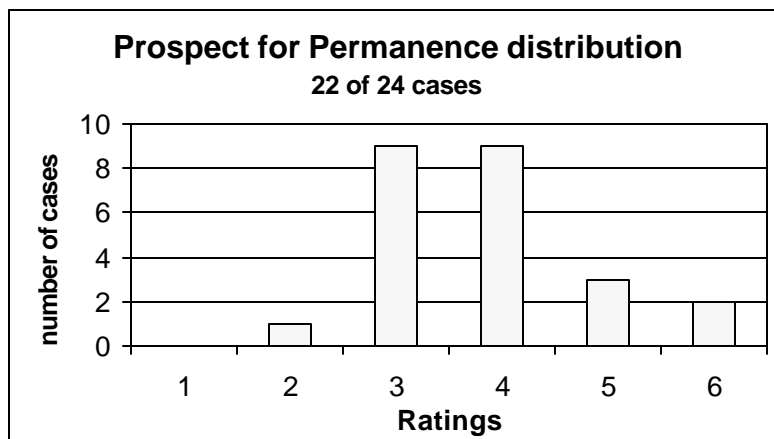
**Findings:** 100% of cases were in the acceptable range (4-6).



## Prospects for Permanence

**Summative Questions:** Is the child living in a home that the child, caregivers, and other stakeholders believe will endure until the child becomes independent? If not, is a permanency plan presently being implemented on a timely basis that will ensure that the child will live in a safe, appropriate, permanent home?

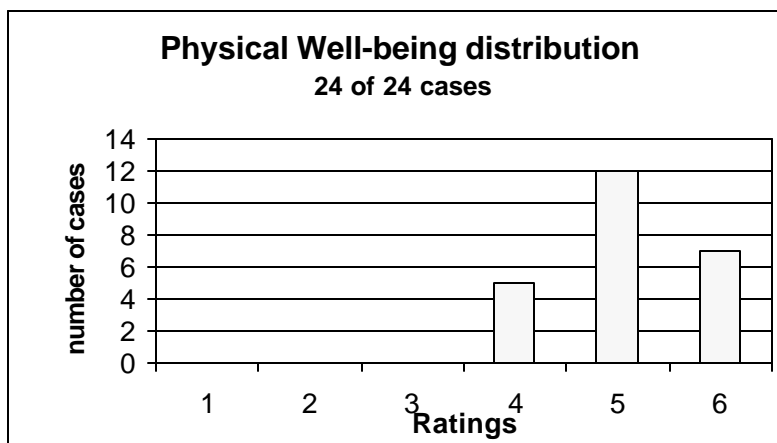
**Findings:** 58% of cases were within the acceptable range (4-6).



## Health/Physical Well-Being

**Summative Questions:** Is the child in good health? Are the child's basic physical needs being met? Does the child have health care services, as needed?

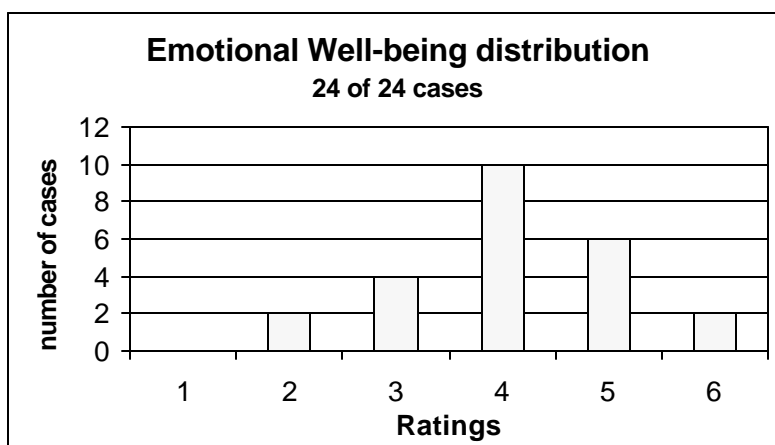
**Findings:** 100% of cases were within the acceptable range (4-6).



## Emotional/Behavioral Well-being

**Summative Questions:** Is the child doing well, emotionally and behaviorally? If not, is the child making reasonable progress toward stable and adequate functioning, emotionally and behaviorally, at home and school?

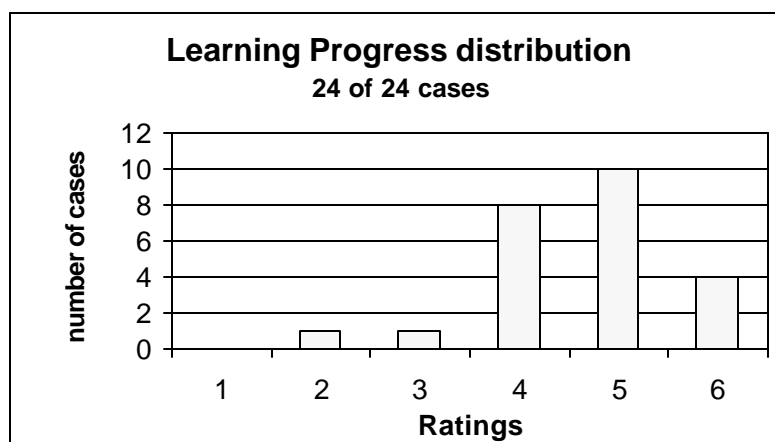
**Findings:** 75% of cases were within the acceptable range (4-6).



## Learning Progress

**Summative Question:** (For children age five and older.) Is the child learning, progressing and gaining essential functional capabilities at a rate commensurate with his/ her age and ability?

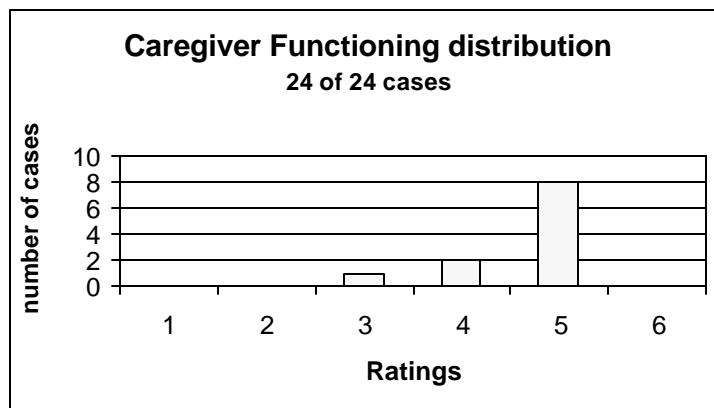
**Findings:** 92% of cases were within the acceptable range (4-6).



## Caregiver Functioning

**Summative Questions:** Are the substitute caregivers, with whom the child is currently residing, willing and able to provide the child with the assistance, supervision, and support necessary for daily living? If added supports are required in the home to meet the needs of the child and assist the caregiver, are these supports meeting the need?

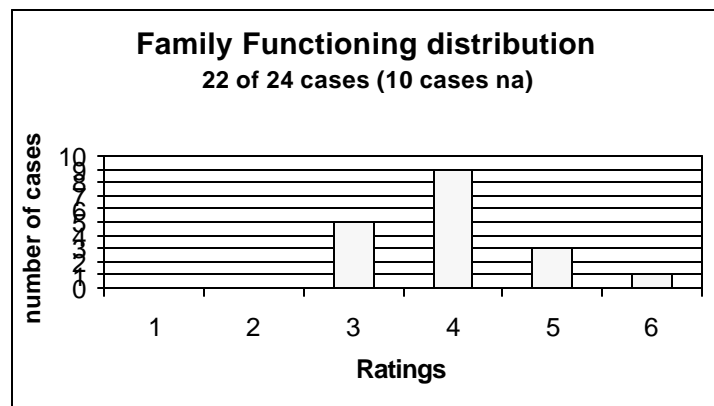
**Findings:** 91% of cases were within the acceptable range (4-6).



## Family Functioning and Resourcefulness

**Summative Questions:** Does the family, with whom the child is currently residing or has a goal of reunification, have the capacity to take charge of its issues and situation, enabling them to live together safely and function successfully? Do family members take advantage of opportunities to develop and/or expand a reliable network of social and safety supports to help sustain family functioning and well-being? Is the family willing and able to provide the child with assistance, supervision, and support necessary for daily living?

**Findings:** 72% of cases were within the acceptable range (4-6).

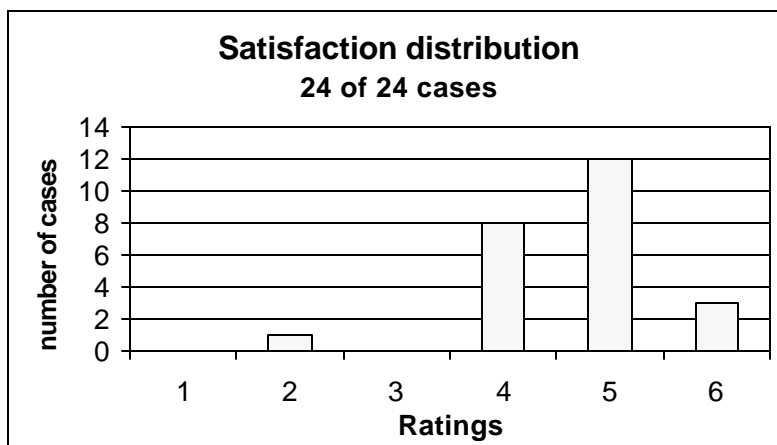




## Satisfaction

**Summative Question:** Are the child and primary caregiver satisfied with the supports and services they are receiving?

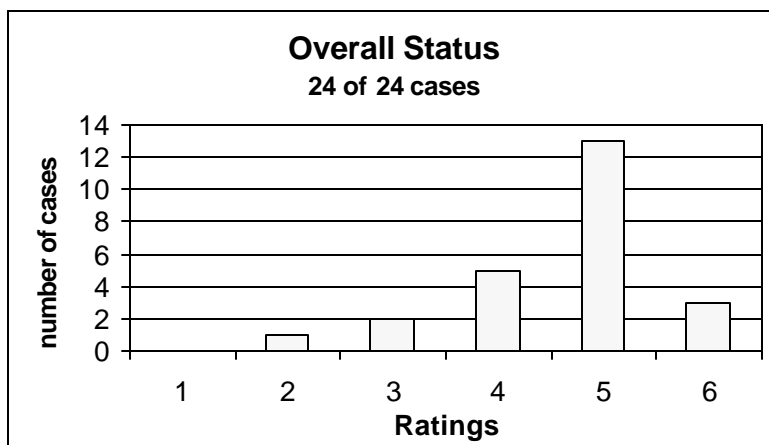
**Findings:** 96% of cases were within the acceptable range (4-6).



## Overall Child Status

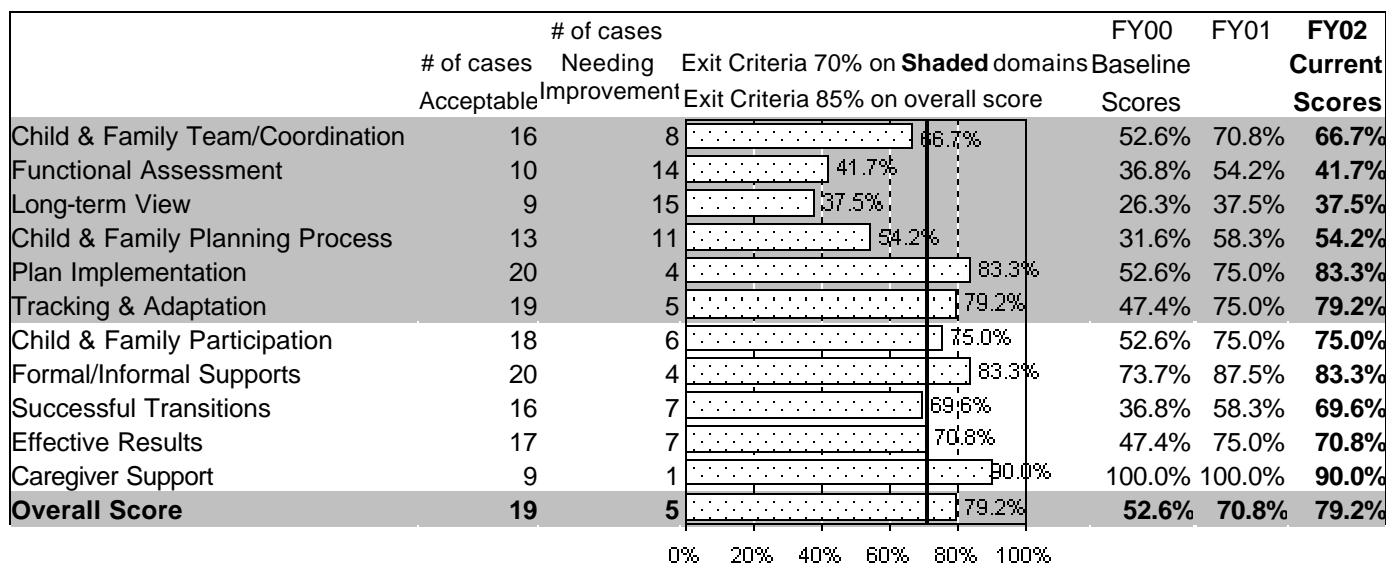
**Summative Questions:** Based on the Service Test findings determined for the Child Status Exams 1-11, how well is this child presently doing? Overall child status is considered acceptable when specified combinations and levels of examination findings are present. A special scoring procedure is used to determine Overall Child Status using a 6-point rating scale.

**Findings:** 88% of cases were within the acceptable range (4-6).



## System Performance Indicators

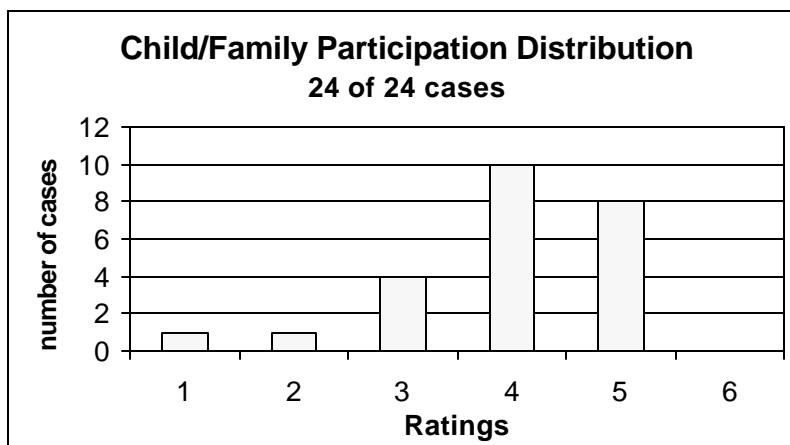
### Overall System



### Child/Family Participation

**Summative Questions:** Are family members (parents, grandparents, and stepparents) or substitute caregivers active participants in the process by which service decisions are made about the child and family? Are parents/caregivers partners in planning, providing, and monitoring supports and services for the child? Is the child actively participating in decisions made about his/her future?

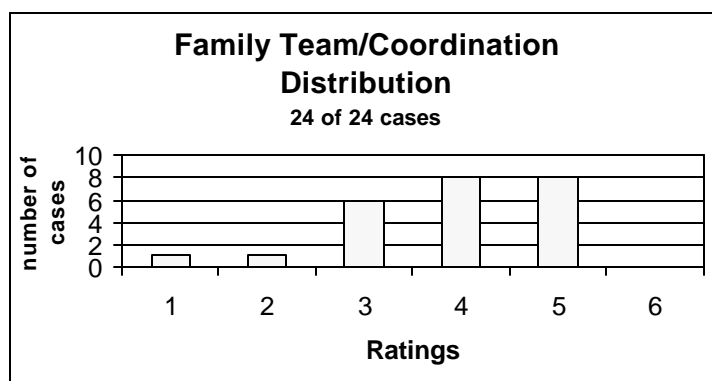
**Findings:** 75% of cases were within the acceptable range (4-6).



## Child/Family Team and Team Coordination

**Summative Questions:** Do the people who provide services to the child/family function as a team? Do the actions of the team reflect a pattern of effective teamwork and collaboration that benefits the child and family? Is there effective coordination and continuity in the organization and provision of service across all interveners and service settings? Is there a single point of coordination and accountability for the assembly, delivery, and results of services provided for this child and family?

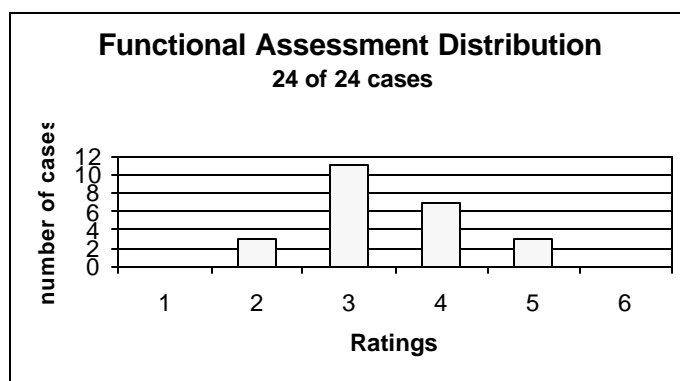
**Findings:** 67% of cases were within the acceptable range (4-6).



## Functional Assessment

**Summative Questions:** Are the current, obvious and substantial strengths and needs of the child and family identified through existing assessments, both formal and informal, so that all interveners collectively have a “big picture” understanding of the child and family and how to provide effective services for them? Are the critical underlying issues identified that must be resolved for the child to live safely with his/her family independent of agency supervision or to obtain an independent and enduring home?

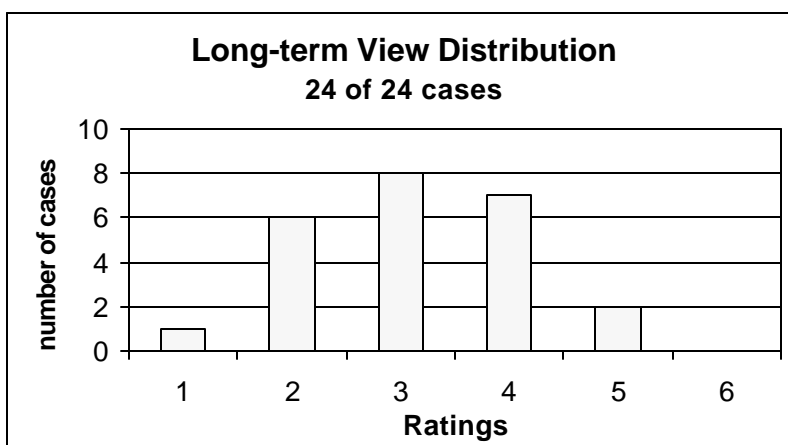
**Findings:** 42% of cases were within the acceptable range (4-6).



## Long-Term View

**Summative Questions:** Is there an explicit plan for this child and family that should enable them to live safely without supervision from child welfare? Does the plan provide direction and support for making smooth transitions across settings, providers and levels of service?

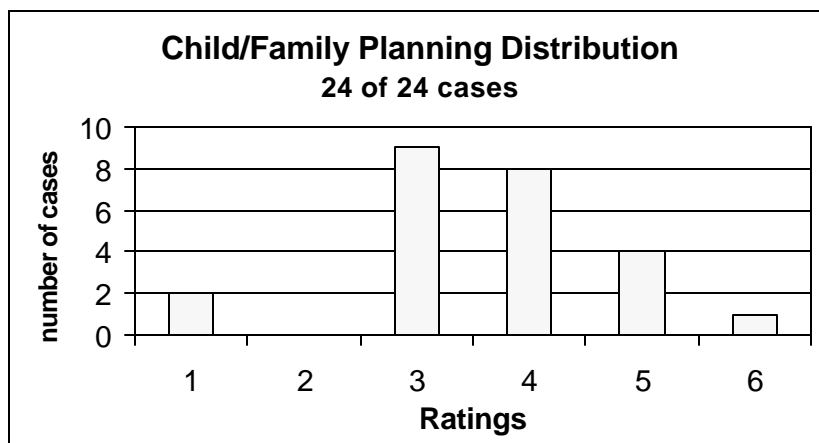
**Findings:** 38% of the cases were within the acceptable range (4-6).



## Child and Family Planning Process

**Summative Questions:** Is the service plan individualized and relevant to needs and goals? Are supports, services and interventions assembled into a holistic and coherent service process that provides a mix of elements uniquely matched to the child/family's situation and preferences? Does the combination of supports and services fit the child and family's situation so as to maximize potential results and minimize conflicting strategies and inconveniences?

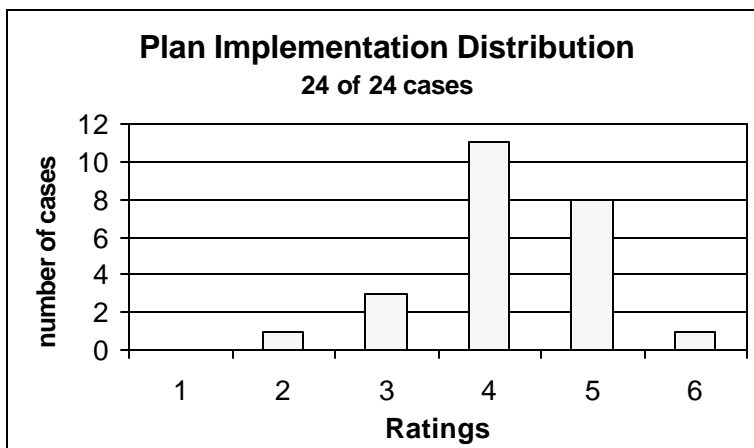
**Findings:** 54% of cases were within the acceptable range (4-6).



## Plan Implementation

**Summative Questions:** Are the services and activities specified in the service plan for the child and family, 1) being implemented as planned, 2) delivered in a timely manner and 3) at an appropriate level of intensity? Are the necessary supports, services and resources available to the child and family to meet the needs identified in the SP?

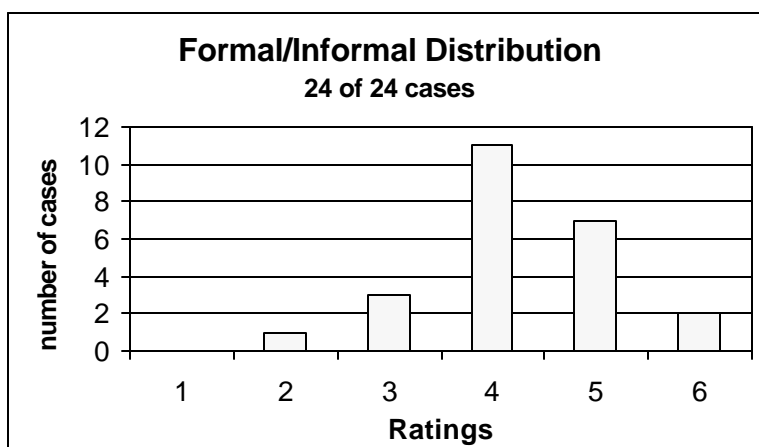
**Findings:** 83% of cases were within the acceptable range (4-6).



## Formal/Informal Supports

**Summative Questions:** Is the available array of school, home and community supports and services provided adequate to assist the child and caregiver reach levels of functioning necessary for the child to make developmental and academic progress commensurate with age and ability?

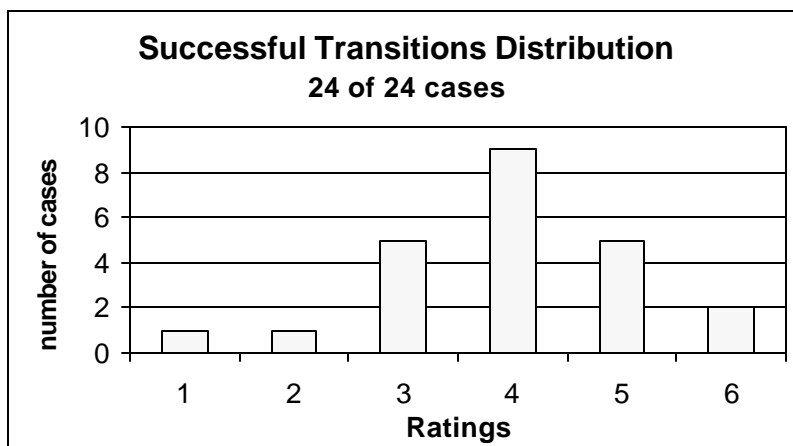
**Findings:** 83% of cases were within the acceptable range (4-6).



## Successful Transitions

**Summative Questions:** Is the next age-appropriate placement transition for the child being planned and implemented to assure a timely, smooth and successful situation for the child after the change occurs? If the child is returning home and to school from a temporary placement in a treatment or detention setting, are transition arrangements being made to assure a smooth return and successful functioning in daily settings following the return?

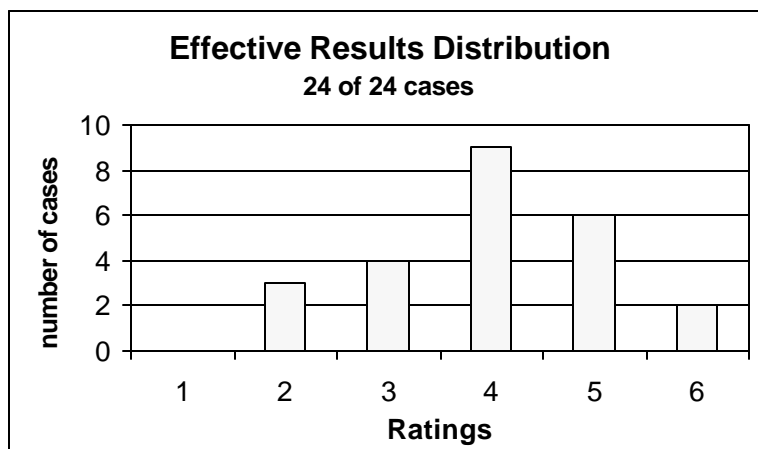
**Findings:** 70% of cases were within the acceptable range (4-6).



## Effective Results

**Summative Questions:** Are planned education, therapies, services and supports resulting in improved functioning and achievement of desired outcomes for the child and caregiver that will enable the child to live in an enduring home without agency oversight?

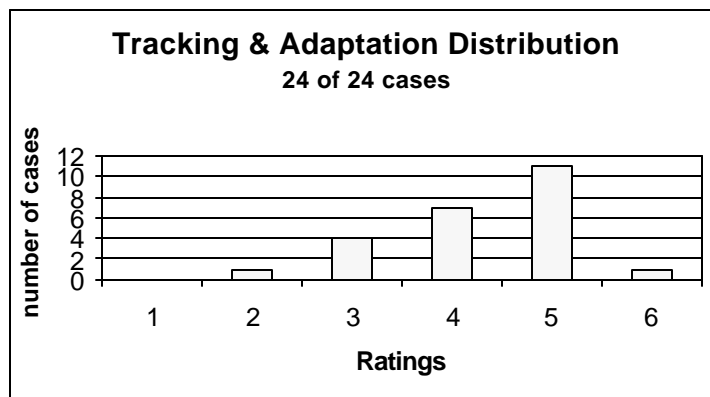
**Findings:** 71% of cases were within the acceptable range (4-6).



## Tracking and Adaptation

**Summative Questions:** Are the child and caregiver's status, service process, and results routinely followed along and evaluated? Are services modified to respond to the changing needs of the child and caregiver and to apply knowledge gained about service efforts and results to create a self-correcting service process?

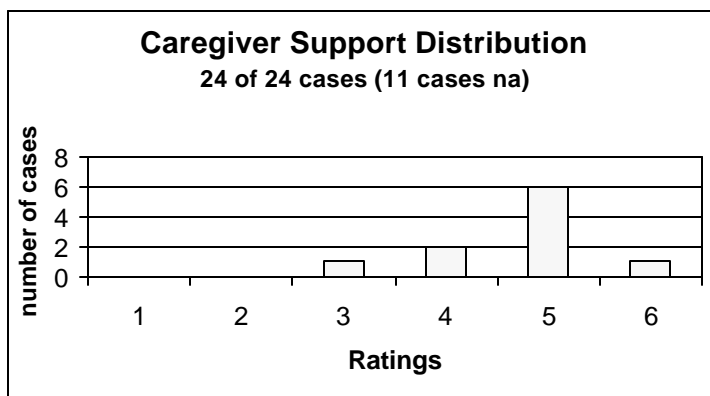
**Findings:** 79% of cases were within the acceptable range (4-6).



## Caregiver Support

**Summative Questions:** Are substitute caregivers in the child's home receiving the training, assistance and supports necessary for them to perform essential parenting or caregiving functions for this child? Is the array of services provided adequate in variety, intensity and dependability to provide for caregiver choices and to enable caregivers to meet the needs of the child while maintaining the stability of the home?

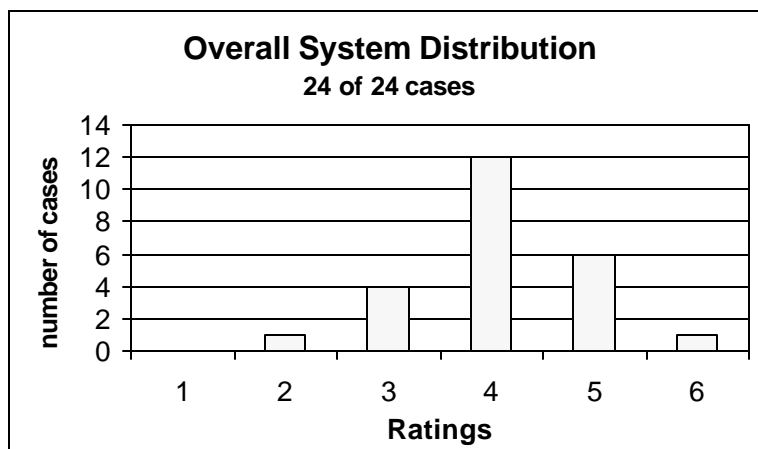
**Findings:** 90% of scores were in the acceptable range (4-6).



## Overall System Performance

**Summative Questions:** Based on the Qualitative Case Review findings determined for System Performance exams 1-10, how well is the service system functioning for this child now? Overall system performance is considered acceptable when specified combinations and levels of examination findings are present. A special scoring procedure is used to determine Overall System Performance for a child.

**Findings:** 79% of cases were within the acceptable range (4-6).



## Status Forecast

One additional measure of case status is the prognosis by the reviewer of the child and family's likely status in six months, given the current level of system performance. Reviewers respond to the question, "Where do you see this child in six months?" Of the cases reviewed, 29% were anticipated to be unchanged, 8% were expected to decline in status, and 63% were expected to improve.

## Outcome Matrix--Overall Status of Child/Family

The display below presents a matrix analysis of the service testing time during the QCR. Each of the cells in the matrix shows the percent of children experiencing one of four possible outcomes:

- Outcome 1: child status acceptable, system performance acceptable
- Outcome 2: child status unacceptable, system performance acceptable
- Outcome 3: child status acceptable, system performance unacceptable
- Outcome 4: child status unacceptable, system performance unacceptable

Obviously, the desirable result is to have as many children in Outcome 1 as possible and as few in Outcome 4 as possible. It is fortunate that some children do well in spite of unacceptable system performance (Outcome 3). Experience suggests that these are, most often, either unusually resilient and resourceful children, or children who have some "champion" or advocate



who protects them from the shortcomings of the system. Unfortunately, there may also be some children who, in spite of good system performance, do not do well (these children would fall in Outcome 2).

		<b>Favorable Status of Child</b>	<b>Unfavorable Status of Child</b>	
Acceptability of Service System Performance	<b>Acceptable System Performance</b>	<b>Outcome 1</b>  Good status for the child, system performance presently acceptable.  N=19 79.2%	<b>Outcome 2</b>  Poor status for the child, system performance minimally acceptable but limited in reach or efficacy.  N=0 0.0%	<b>79.2%</b>
	<b>Unacceptable System Performance</b>	<b>Outcome 3</b>  Good status for the child, system performance presently unacceptable.  N=2 8.3%	<b>Outcome 4</b>  Poor status for the child, system performance unacceptable.  N=3 12.5%	<b>20.8%</b>
		<b>87.5%</b>	<b>12.5%</b>	

## Case Story Analysis

For each of the cases reviewed in Southwest Region, the review team produced a narrative shortly after the review was completed. The story write-up contains a description of the findings, explaining from the reviewer's perspective what seems to be working in the system and what needs improvement. The narratives help explain the numerical results presented in the previous chapter by describing the circumstances of each case. Key practice issues identified are discussed below.

## Summary of Case Specific Findings

### Child and Family Status

#### Safety

Three cases failed to score at an acceptable level for safety. The risks were related to an incompletely assessed risk of self-harm, caregivers who did not accept the evidence of prior severe abuse, and a child with self-destructive behaviors placed in an unprepared, unsupported relative setting. In each of these cases, functional assessment, planning, transitions, and long-term view were in need of significant improvement.

Team vigilance is particularly important where children are a risk to themselves, as illustrated by the following case story excerpt. “In the past two months she (the teen) has lost a significant amount of weight and by virtually all accounts except for her father, she is becoming more depressed as time goes on, to the point where she has discussed with at least two individuals ideas of suicide. Unfortunately, members of the team have not addressed these warning signs. In addition, the Division caseworker was just recently made aware by the father and the Mental Health therapist that (the teen) had a long-term problem hitting her head against the wall for significant periods of time to the point of making her nose bleed. Some members of the treatment team had known about this, but as of this review, nothing had been done to figure out the extent of this self-abusive behavior.”

In other cases, had the team successfully answered the question, “What could go wrong with this plan?” the safety risks might have been addressed.

### **Placement Appropriateness**

All cases scored acceptably for placement appropriateness, which is an extremely positive status finding. The Southwest Region has obviously given careful attention to placing children in the most normalized, least restrictive placement, responding commendably to an important Practice Model principle.

### **Prospects for Permanence**

Ten cases needed strengthening to achieve acceptable prospects for permanency. Among the key System Performance areas affecting these cases that need improvement are family involvement, assessment, planning, long-term view, and transitions. Regarding assessment and its link to transitions, one reviewer wrote, “Though (the youth) lives in a home that most believe will endure until he reaches maturity, there is not a well crafted plan that addresses how stability will be achieved. Past placement disruptions have occurred as permanency was approaching. In both cases (the youth’s) behavior became difficult to manage. It was reported that in his past placements he lied and stole. (The foster parents) are currently reporting the same behavior.”

In another case with a positive permanency outcome, the reviewer’s comments highlight a number of the elements essential to achievement of permanency. “Substantial progress has been achieved in this case over a relatively short time frame. Unlike many cases involving teenagers, a critical permanency decision was made in a timely fashion. The children have substantial safety and have improved stability. They are no longer under the substantial stress of trying to cope with their mother’s sometimes mystifying and terrifying behavior. There are services in place to address their emotional and behavioral needs and to monitor the transition to their new home”

## **Stability**

This region has demonstrated steady gains in stability, with 75% of the cases reviewed having acceptable scores.

## **Emotional Well-Being**

Gains also occurred in achievement of emotional/behavioral well-being. Seventy-five percent of scores were acceptable. Continuity, one often-overlooked contributor to good emotional well-being was noted in a case as follows: “Another factor toward successful outcome has been the consistency of relationships with the professionals involved in (the child’s) case. Her therapist, tracker, program coordinator, and resource of foster parents are people who have a history and relationship with (the child). She has been in (placement) since placed in foster care. This string of consistency has had a favorable impact on the child and the coordination of services.”

Stability is closely correlated with emotional well-being.

In a case where emotional well-being had not been achieved, the reviewer notes the role that resource barriers play regarding children’s mental health: “On two occasions in the past year the two Mental Health centers involved in the case failed to complete required testing and evaluation...A lack of resources, particularly Mental Health, in the rural communities of central southwestern Utah is a negative factor. It took far too long to reach a program that would help him.”

## **System Performance**

### **Service Team/Coordination**

With acceptability at 67%, service team/coordination continues to need improvement. Providing family members a meaningful role on the team, sharing of information, and insuring that all case contributors are team members should be strengthened. Teams should routinely meet face-to-face to insure that interventions are effectively designed and carried out. One reviewer writes, “Although the caseworker has attempted to bring the parties together on this case, there is not a Child and Family Team to make shared decisions. There is not a clearly defined permanency goal.” Another writes, “As reported by the family, they felt the meeting was more for the benefit of the ‘professionals’ than for them. In the opinion of the reviewers, the meeting resembled a staffing more than a family meeting...The family also indicated that they would like to include a family member with them at future meetings.” Another reviewer wrote in this regard, “The team meeting was an agency meeting. During the meeting when everyone who participated was asked whose meeting it was, they all said it was the Division’s meeting about (the youth).”

In a very well-managed case, the reviewer notes, “Service team is ranked as a ‘5’ because there is an extensive, functioning team. Most team members say they come to face-to-face team meetings...The parents likewise feel very much a part of the team. They feel their values are respected and their input valued.” There were no ratings below a 4 in this case.

In one cautionary case, there was role confusion regarding team leadership. The reviewer states, “It seemed that the Assistant Attorney General, rather than the team or social workers, was directing the case. For example, the attorney instructed the Division to withhold reunification services. While this was something that was allowable under the law, the law did not require it. Many of the individuals saw the Attorney General as the leader of the team.” Obviously, having the attorney direct the team is undesirable, as the Division should be the central point of coordination.

### **Functional Assessment**

Functional assessment scores declined from 54% acceptability last year to 42% this year. Because of recent assessment training, there is more frequent reference to functional assessment among staff, but good functional assessments are not being routinely used to drive action and interventions in the case. Providers sometimes struggled with assessment, as noted in the following excerpt: “Her Mental Health therapist told the reviewers he is still working on engaging (the youth), after two years of therapy, and although he believes she is depressed, he doesn’t know the extent of the depression. He does know about her self-destructive behavior, but hasn’t assessed the level of severity.” In this case, the team needs to examine the continued use of a therapist who has learned so little.

In another case, the assessment did not address underlying conditions. “Although (the youth) is now in residential treatment, the placement is quite recent and he is still symptomatic. The underlying causes of his behavior have not been identified and consequently not addressed.” A third reviewer wrote, “The presenting problem was addressed (needing help with her son) rather than identifying and addressing the underlying issues. The information in the functional assessment needed to be pulled together to write the service plan. There was not an in-depth social history or information gathered on previous services to help identify underlying issues.”

### **Long-Term View**

Long-term views were essentially unchanged from last year, remaining at 38% acceptability. The long-term view should be achieved early in the case intervention and should anticipate transitions that could impair future outcomes. An adequate assessment is essential to achieving a long-term view. Long-term view is not just a label or another form; it is a way of thinking about the case that links appropriate goals to specific courses of action. One reviewer states, “Long-term view has not been discussed. Who will monitor (the child’s) medical condition once the case is closed? How will (the child) manage his health issues as he grows older? This is one of the biggest concerns expressed by the team.”

Another case story observes, “A functional assessment updated by the caseworker acknowledges the lack of long-term view and the concerns regarding the appropriateness of placement for this child. The information she has gathered along with other assessment information needs to be used to develop a plan for reunification with a specific family member. All parties involved with this case need to come together to review this information and analyze what it means to build a long-term view for this child.”

### **Child and Family Planning Process**

Child and family planning process declined from 58% last year to 54% this year. Areas that need strengthening include child and family involvement, plans that are timely and currently relevant to family circumstances, linking plans to assessment, and individualizing plans.

A reviewer states, “There is not a current service plan in the file. The previous service plan is generic, with no individualization of services. The Child and Family Team should be involved in the development of the service plan.” In another case, there are several elements that need strengthening: “The service plan was not the result of team effort and appears template in design. While adoption is the goal, strategies to achieve permanence are not defined in the plan. The plan is not based on an adequate assessment of need for the children in order to assure the needs are addressed by specific steps and services. Steps are generic. Roles in the plan are not defined nor are specific tasks identified to meet outcome.”

In a third case, the reviewer wrote, “The service plan does not look much different than the original plan and does not address the needs of the new baby. There is nothing in the plan about (the baby’s) need for follow-up dental care to address the ‘bottle rot’ and the caps that have been on his teeth since age two.”

Another challenging task in developing the family plan is insuring that the plans are realistic and sequenced in a manner that does not overwhelm the family with tasks. In one case, for example, the reviewer reports, “(The mother) is currently feeling overwhelmed with all that is required of her. She is still very confused about what to do with (her children). She has a therapist but the transportation issue often keeps her from attending regularly. She is working on her codependency issues with her Domestic Violence counselor. The children have a therapist too, but (the mother) has a different activity each night and has a hard time fitting the appointments in her schedule.”

The Division has a major challenge in helping the regions change from designing plans to satisfy compliance requirements to making them meaningful, current, and adaptable family team tools for change.

### **Tracking and Adaptation**

Tracking and adaptation improved from 75% acceptability last year to 79% acceptability this year. In one of a significant number of cases where tracking occurred effectively, a reviewer wrote, “The progress of this family is tracked and adapted by telephone contacts, meetings with the family, and one meeting with the service providers. Progress has been tracked on at least a quarterly basis and the family plan has been altered based on progress and goals in that plan.”

### **Child and Family Participation**

Child and family participation scores remained the same as last year's, at 75%. There were numerous good examples of family involvement, such as reflected in the following observation: “(The mother) and her children were invited to participate in the planning of her services and (the mother) let the worker know when she did not agree with something. (The mother) stated that her caseworker kept her informed of her plan and progress. The worker also invited the grandmother and great grandmother in the development of the plan. He invited both to attend the Child and Family Team meeting and the grandmother attended.”

In a case where the Division had involved the family meaningfully in planning, the Mental Health agency seeing one of the children was reported to have refused to permit grandparents to have input into their plan (even though the grandparents were the child's caregivers at the time) because they were not the parents. There were several concerns expressed about the Mental Health agency during this review.

### **Successful Transitions**

Score on transitions improved from 58% last year to 70% this year, which represents meaningful progress. Teens transitioning to adulthood are a particular challenge for child welfare systems. In one case involving an older teen the reviewer writes, "The most recent transition was the move to (her brother's) home. This transition happened so quickly that there was not a lot of planning involved. Another important transition is that within the year (the youth) will be entering adulthood. It does not appear that there is any plan currently in place to help her and those caring for her to deal with this major change." Transitional planning for teens in foster care needs to begin early in the maturing process.

### **Formal and Informal Supports and Services**

Scores on formal and informal supports fell slightly, from 88% last year to 83% this year. Performance is still solid, however. In one case that scored acceptably on Child and Family Status and System Performance the reviewer observed the following rich array of supports: “Both formal and informal supports assist (the mom) to adequately meet the needs of her children. (She) is connected to many formal supports that include the Division, the Department of Workforce Services, Vocational Rehab, the Southwest Center, Horizon House, Dixie Care and Share, Domestic Violence shelter, educational services, Navaho Nation Social Services, peer parenting, and her aftercare program. The children also have a Guardian ad Litem. As far as informal supports, she identifies her mother, some family members on the reservation, her neighbor, church, and Liz from the Dove Center as people she can call when in need. She also has two sponsors she can contact anytime to help her when she is feeling the desire to drink.”

Informal supports are closely correlated with successful outcomes for children and families. This region has shown good practice in this regard.

## **Effective Results**

Effective results scores declined from 75% last year to 71% this year. One case story reflecting progress toward outcomes describes the following: “The father and family have demonstrated effective results by learning new skills in dealing with discipline in line with the implied and stated vision of individual team members. The members of the team all believe this to be a great success. In addition, (the youth) has recently shown improvement at home and his behaviors at school have not escalated.”

## **VIII. Recommendations for Practice Improvement**

At the conclusion of the week of case record reviews, the review team provides regional staff with its impressions regarding practice development needs that were observed during the review. While these impressions do not have the benefit of an analysis of the aggregate scores of practice trends in all cases, the feedback is useful in quickly interpreting what was learned. The feedback suggested the following practice needs and challenges.

### **Practice Development Opportunities**

- Team meetings should operate as real “family meetings”, not professional staffings that parents observe/listen to.
- Insure that the team encompasses all relevant individuals working with the child and family.
- Hold the team accountable for implementation.
- Employ the team to craft functional assessments.
- Insure that assessments focus on underlying conditions and are used to drive the child and family planning process.
- Develop the long-term view early in the case and implement it by linking it to specific tasks, steps, and services.

Generally, the region demonstrated progress in both Child and Family Status and System Performance, compared to last year. Of the 24 cases reviewed, 21 (87.5%) scored acceptably on Child and Family Status this year, compared to 83.3% last year. For System Performance, 19 of 24 cases scored acceptable, which is 79.2% compared with 70.8% last year.

Permanence was the only Child and Family Status score that declined. The following System Performance categories declined: child and family team/coordination; functional assessment; child and family planning process; formal/informal supports; effective results; and caregiver support. Unfortunately, a number of the core practice areas still need significant improvement, particularly teaming/coordination, assessment, long-term view, and planning. These are essential to sustaining the progress reflected in Child and Family Status.

## **Recommendations**

**Child and Family Team/Coordination.** Teaming needed strengthening in several areas, including expanding the team to include all case contributors, facilitating meetings to insure that the child and family are full participants, convening face-to-face team meetings regularly as dictated by the needs of the case, and strengthening worker facilitation skills. It is suggested that the regions consider the following.

- Have supervisors regularly attend to the composition of teams in their conferences with workers, inquiring about membership and setting expectations for broad participation.
- Employ a facilitation process that makes the meeting a family meeting, not just a gathering of professionals to which the family is invited. One facilitation process to consider utilizes the following general steps:
  - Begin by asking the family, “What would you like for this meeting to accomplish?”
  - Let the parents tell their story of the history of the case.
  - As a team, list and affirm the family’s strengths.
  - Identify needs first, not problems or services.
  - Match services to needs.
  - Assign responsibilities, and set attainable goals in small steps.
  - Employ the plan that emerges to update the existing plan.
  - Insure that all team members have a copy of the written plan.
  - Set a time for re-convening.
  - Ask, “What could go wrong with this plan?”
- To strengthen facilitation skills, use Milestone Coordinators and clinical consultants to model and coach conferencing for line staff. To provide a model for conference facilitation, the Child Welfare Group has offered the Division a one-hour training video of elements of actual conferences that demonstrate the facilitation process and a companion trainer’s guide to assist workers in refining their skills. The regions would be welcome to use this resource.

## **Focus on Assessment, Planning, and Long-Term View:**

**Functional Assessment.** There has been attention to functional assessment as a result of recent training, but significant refinement is needed for practice in this regard to be effective.

Assessments need to encompass all assessment information in the file and known by the team so that they are sufficiently comprehensive. There should be greater use of the team to form an integrated assessment. Assessments should focus on the underlying conditions causing behaviors, not on symptoms alone. And assessments should inform and guide the child and family plans, identifying needs that will be matched to services and supports. Assessment is also continuous, which is why plans should not be treated as static documents to be modified only at set intervals.

**Child and Family Plans.** Effective plans should contain the following characteristics:

- Child and family involvement in their goal setting and design.
- Team participation in their construction.
- A foundation in the functional assessment.
- Clear affirmation of family strengths.
- Prioritized needs.



- Steps and services matched to needs.
- Attention to achievability.
- Steps sequenced for early success.
- Attention to transitions.
- Clear delineation of responsibility.
- Responsiveness to the long-term view.
- Modification when circumstances change.
- Anticipation of the question, “What could go wrong with this plan?”

**Long-Term View.** Developing a long-term view is more a way of thinking about practice than it is a mere policy. The vision of the case should encompass long-range goals, and these goals should constantly influence the direction case actions are taking. A long-term view is linked to a good functional assessment and reflects specific steps and strategies to assist the child and family in reaching the goal. Workers and the team should keep asking themselves what the long-term view of the case is to insure that it remains the overarching case direction, even in times of crisis.

In regard to improving its practice, the region should consider the following.

- Select several functional assessments, plans, and cases with an effective long-term view that correspond to the above-referenced criteria and convene unit staffings of those cases to review their content. Milestone Coordinators, clinical consultants, and trainers would be good resource staff to assist in this in-service training. Supervisors need to become the local experts as a result of this process.
- Frequently used team members should be invited to these in-service sessions to strengthen overall team performance.
- Supervisors should regularly review the quality of assessments, plans, and long-term views and routinely offer workers feedback and coaching on practice quality.

**Conduct Self-Evaluative QCRs.** The region should also consider conducting a small number of QCRs internally each quarter to continue assessing practice and to expose additional staff and team members (as shadows) to the rich learning experience offered by a QCR.

**System/Division Level Issues.** The following recommendations are made.

- The Division needs to assess training needs in each region, determining who has received core and Practice Model training and which staff need to complete the training. By this time all staff should have received the full curriculum delivery (not a shortened version) for Building Trusting Relationships, Teaming, and Assessment. Delivery of Child and Family Planning should have begun. If training resources are not sufficient to meet training demand, additional training resources should be added.
- The Division should provide intensive practice development assistance to Milestone Coordinators and clinical consultants to permit them to take an active regular role in modeling and coaching key practice skills. These staff should focus their attention on building local practice skills, especially those of supervisors.
- The problems with access to effective Mental Health services were reported repeatedly during the review, in both stakeholder interviews and in the cases reviewed. There may be little the Division can do to improve the quality of the Mental Health system.

### Southwest Region Report

However, the lack of Mental Health services is preventing the children and families the Division is mandated to serve from achieving case goals. The Division should complete the development of a flex fund policy and process to permit the region to purchase or develop Mental Health services independent of the existing Mental Health system.

## Appendix--Milestone Trend Indicators

### 1. Number and percent of home-based child clients who came into out-of-home care within 12 months of home-based case closure.

	1st QT 2001		2nd QT 2001		3rd QT 2001		4th QT 2001		1st QT 2002	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Northern	33	7%	40	8%	22	5%	18	4%	19	6%
Salt Lake	49	8%	24	3%	39	5%	25	5%	23	4%
Western	15	7%	17	7%	19	8%	18	7%	9	5%
Eastern	10	7%	10	8%	9	6%	10	8%	6	3%
Southwest	0	0%	4	5%	1	1%	1	1%	3	3%
State	107	7%	95	5%	90	5%	72	5%	60	5%

### 2. Number and percent of children in out-of-home care who were victims of substantiated allegations of abuse and neglect by out-of-home parents, out-of-home care siblings, or residential staff.

	1st QT 2001		2nd QT 2001		3rd QT 2001		4th QT 2001		1st QT 2002	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Northern	1	0.2%	1	0.2%	7	1.0%	2	0.4%	2	0.4%
Salt Lake	4	0.3%	2	0.2%	5	0.4%	4	0.3%	5	0.4%
Western	1	0.4%	4	1.4%	3	0.8%	1	0.4%	0	0.0%
Eastern	1	0.4%	0	0.0%	0	0.0%	4	1.5%	0	0.0%
Southwest	2	1.6%	0	0.0%	1	0.8%	5	4.1%	0	0.0%
State	9	0.4%	7	0.3%	16	0.6%	16	0.6%	8	0.3%

### 3. Number and percent of substantiated child victims with a prior home-based or out-of-home care case within the last 12 months.

	1st QT 2001		2nd QT 2001		3rd QT 2001		4th QT 2001		1st QT 2002	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Northern	66	9%	56	9%	50	8%	62	9%	49	8%
Salt Lake	60	6%	93	8%	69	6%	64	5%	100	8%
Western	23	8%	14	5%	29	8%	13	3%	27	8%
Eastern	15	12%	10	6%	9	7%	9	6%	10	6%
Southwest	14	6%	19	12%	9	4%	12	6%	9	5%
State	178	8%	192	8%	166	7%	160	6%	194	7%

**4. Number and percent of substantiated child victims with a prior CPS substantiated allegation within the last 12 months.**

	1st QT 2001		2nd QT 2001		3rd QT 2001		4th QT 2001		1st QT 2002	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Northern	110	16%	95	16%	67	11%	93	14%	80	13%
Salt Lake	119	11%	137	11%	148	12%	158	12%	191	14%
Western	27	9%	38	13%	51	14%	46	12%	40	11%
Eastern	24	19%	16	10%	10	8%	22	15%	13	8%
Southwest	20	6%	17	10%	17	8%	22	12%	19	10%
State	300	13%	303	13%	293	12%	341	13%	342	13%

**5. Number and percent of children in custody for at least one year that attained permanency through custody termination prior to 24 months of custody.**

	1st QT 2001		2nd QT 2001		3rd QT 2001		4th QT 2001		1st QT 2002	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Northern	24	63%	17	65%	22	69%	30	60%	22	76%
Salt Lake	55	53%	51	50%	53	58%	53	61%	72	62%
Western	4	36%	6	67%	12	60%	17	77%	13	62%
Eastern	6	32%	11	92%	6	40%	7	47%	6	40%
Southwest	4	44%	3	60%	5	38%	1	33%	0	0%
State	93	52%	88	57%	98	57%	108	61%	113	61%

**6. Number and percent of children who entered out-of-home care who attained permanency through custody termination within one year.**

	1st QT 2001		2nd QT 2001		3rd QT 2001		4th QT 2001		1st QT 2002	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Northern	139	83%	115	77%	103	76%	102	71%	83	78%
Salt Lake	265	70%	156	66%	113	60%	92	49%	88	54%
Western	37	64%	27	61%	31	53%	43	75%	31	70%
Eastern	38	72%	25	57%	21	60%	25	52%	31	66%
Southwest	18	86%	18	58%	15	75%	24	75%	17	68%
State	497	73%	341	68%	283	64%	286	61%	250	65%

**7. Number and percent of children with prior custody episodes within 6, 12, and 18 months.**

		1st QT 2001		2nd QT 2001		3rd QT 2001		4th QT 2001		1st QT 2002	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Northern	6 mos	97	91%	125	92%	114	87%	100	85%	112	92%
	12 mos	94	88%	112	83%	107	82%	98	83%	109	89%
	18 mos	90	84%	111	82%	102	78%	93	79%	107	88%
Salt Lake	6 mos	157	96%	182	92%	167	94%	169	98%	164	95%
	12 mos	140	86%	174	88%	160	90%	153	88%	157	91%
	18 mos	149	91%	168	85%	157	89%	151	87%	156	91%

## Southwest Region Report

<b>Western</b>	6 mos	41	93%	54	98%	53	98%	41	91%	76	99%
	12 mos	41	93%	50	91%	52	96%	38	84%	75	97%
	18 mos	40	91%	49	89%	50	93%	38	84%	75	97%
<b>Eastern</b>	6 mos	41	87%	52	96%	49	96%	37	95%	36	88%
	12 mos	35	74%	50	93%	47	92%	36	92%	34	83%
	18 mos	34	72%	50	93%	45	88%	34	87%	34	83%
<b>Southwest</b>	6 mos	24	96%	26	90%	22	92%	21	95%	43	96%
	12 mos	24	96%	25	86%	22	88%	21	95%	43	96%
	18 mos	23	92%	25	86%	18	75%	20	91%	40	89%
<b>State</b>	6 mos	359	93%	437	93%	392	92%	371	93%	431	94%
	12 mos	348	90%	410	88%	375	88%	349	87%	418	92%
	18 mos	335	87%	402	86%	360	85%	339	85%	412	90%

**8. Average months in care of cohorts of children in out-of-home care by goal, ethnicity, and sex. Workers have 45 days to establish a goal and enter it in SAFE. Cases that were closed prior to a goal being established are not reported under this trend.**

### Average length of stay of children in custody by goal.

	1st QT 2001	2nd QT 2001	3rd QT 2001	4th QT 2001	1st QT 2002
<b>Adoption</b>					
Northern	18	19	24	18	14
Salt Lake	19	31	23	26	21
Western	21	17	19	18	10
Eastern	34	26	0	41	17
Southwest	7	15	16	24	11
State	18	25	23	23	18
<b>Guardianship</b>					
Northern	22	19	27	3	0
Salt Lake	18	14	21	22	23
Western	59	20	5	42	10
Eastern	16	6	14	0	0
Southwest	17	0	0	6	5
State	28	14	22	22	17
<b>Independent living</b>					
Northern	35	19	26	41	49
Salt Lake	29	46	37	31	42
Western	36	44	23	12	42
Eastern	10	26	15	10	25
Southwest	18	12	73	15	0
State	30	36	33	26	43
<b>Permanent foster care</b>					
Northern	21	28	27	32	25
Salt Lake	47	38	32	56	36
Western	48	18	34	30	66
Eastern	35	47	27	19	26
Southwest	37	6	26	49	0
State	41	33	30	38	36

## Southwest Region Report

<b>Return home</b>					
Northern	12	11	8	9	8
Salt Lake	13	14	11	10	11
Western	10	9	9	10	6
Eastern	11	5	10	8	8
Southwest	7	8	11	7	6
State	12	11	10	9	9

### Average length of stay of children in custody by ethnicity.

	1st QT 2001	2nd QT 2001	3rd QT 2001	4th QT 2001	1st QT 2002
<b>African American</b>					
Northern	3	25	6	24	12
Salt Lake	27	36	19	29	32
Western	52	3	7	3	0
Eastern	0	0	0	0	0
Southwest	0	0	0	29	0
State	19	55	20	25	30
<b>American Indian/Alaska Native</b>					
Northern	4	0	24	23	0
Salt Lake	11	23	16	21	17
Western	11	21	10	1	9
Eastern	27	32	11	2	19
Southwest	30	11	0	0	0
State	21	28	10	16	17
<b>Asian</b>					
Northern	9	36	0	0	73
Salt Lake	7	19	0	0	13
Western	0	0	0	0	57
Eastern	0	0	0	0	0
Southwest	0	0	0	0	0
State	6	26	0	0	31
<b>Caucasian</b>					
Northern	9	10	9	9	20
Salt Lake	20	23	20	24	25
Western	22	11	13	12	28
Eastern	17	11	10	18	12
Southwest	12	8	19	14	4
State	21	22	21	17	21
<b>Hispanic</b>					
Northern	7	8	9	9	7
Salt Lake	14	14	16	12	15
Western	9	5	4	19	7
Eastern	6	3	4	4	12
Southwest	5	8	16	6	0
State	11	10	14	11	12

## Southwest Region Report

<b>Other/Unknown</b>					
Northern	10	9	11	6	7
Salt Lake	9	11	14	10	12
Western	18	12	9	11	15
Eastern	5	0	5	13	10
Southwest	11	3	48	12	5
State	14	9	9	9	10
<b>Pacific Islander</b>					
Northern	0	31	0	16	0
Salt Lake	17	18	4	8	0
Western	0	0	0	0	0
Eastern	0	38	0	0	0
Southwest	0	0	0	0	0
State	17	14	2	17	0

### Average number of months children are in custody by sex.

	1st QT 2001		2nd QT 2001		3rd QT 2001		4th QT 2001		1st QT 2002	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Northern	8	9	10	11	9	9	9	9	12	10
Salt Lake	16	16	22	18	17	18	17	20	21	17
Western	16	21	10	13	13	10	12	13	24	13
Eastern	21	9	21	8	8	9	10	15	10	13
Southwest	13	11	8	6	12	14	13	14	5	4
State	14	14	15	14	13	12	14	14	18	13

### 9. Percent of CPS investigations initiated within the time period mandated by state or local statute, regulation, or policy.

	Priority	1st QT 2001	2nd QT 2001	3rd QT 2001	4th QT 2001	1st QT 2002
Northern	1	100%	50%	100%	100%	100%
	2	92%	94%	88%	88%	89%
	3	75%	80%	82%	77%	72%
Salt Lake	1	92%	93%	86%	87%	95%
	2	87%	92%	89%	88%	90%
	3	71%	71%	74%	73%	69%
Western	1	100%	86%	100%	86%	96%
	2	87%	91%	88%	83%	89%
	3	58%	61%	65%	55%	55%
Eastern	1	79%	80%	88%	79%	100%
	2	91%	85%	93%	89%	89%
	3	84%	87%	92%	93%	90%
Southwest	1	95%	80%	100%	100%	100%
	2	90%	85%	88%	92%	91%
	3	75%	85%	87%	86%	88%
State	1	93%	88%	92%	86%	96%
	2	89%	92%	89%	88%	90%
	3	70%	74%	77%	74%	71%

**10. Percent of children experiencing fewer than three placement changes within an out-of-home care service episode. (Methodology was changed in the 1st quarter of FY02 to report only placement changes in a child's residence rather than changes in levels of service within the same out-of-home provider.)**

	1st QT 2001		2nd QT 2001		3rd QT 2001		4th QT 2001		1st QT 2002	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Northern		70%		65%		66%		71%	108	73%
Salt Lake		43%		46%		48%		49%	140	55%
Western		67%		65%		56%		69%	55	65%
Eastern		72%		74%		73%		64%	30	57%
Southwest		47%		68%		72%		53%	21	66%
State		54%		59%		58%		60%	354	62%

**11. Number and percent of children in placement by order of restrictiveness. Point-in-time: last day of the report period.**

	1st QT 2001		2nd QT 2001		3rd QT 2001		4th QT 2001		1st QT 2002	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Residential treatment</b>										
Northern	34	8%	29	7%	26	6%	27	7%	27	7%
Salt Lake	99	9%	102	9%	101	9%	109	10%	110	10%
Western	16	7%	21	10%	19	8%	18	8%	19	9%
Eastern	19	9%	22	10%	23	10%	18	8%	21	10%
Southwest	5	5%	6	6%	6	6%	4	4%	7	6%
State	173	9%	180	9%	175	8%	176	9%	184	9%
<b>Group home</b>										
Northern	9	2%	9	2%	14	3%	8	2%	9	2%
Salt Lake	63	6%	65	6%	58	5%	55	5%	53	5%
Western	5	2%	8	4%	6	3%	7	3%	6	3%
Eastern	4	2%	8	4%	6	3%	4	2%	5	2%
Southwest	3	3%	3	3%	3	3%	2	2%	5	4%
State	84	4%	93	4%	87	4%	76	4%	78	4%
<b>Treatment foster homes</b>										
Northern	111	25%	111	26%	115	27%	114	29%	117	29%
Salt Lake	259	24%	238	22%	229	21%	211	20%	221	21%
Western	60	27%	69	31%	86	37%	81	38%	67	31%
Eastern	71	33%	68	31%	74	33%	76	34%	77	36%
Southwest	32	34%	38	40%	38	40%	46	45%	55	46%
State	533	26%	524	26%	542	26%	528	26%	537	27%
<b>Family foster home</b>										
Northern	236	54%	232	54%	231	55%	212	53%	233	57%
Salt Lake	537	51%	574	53%	572	53%	572	54%	559	52%
Western	133	60%	112	51%	113	48%	90	42%	106	50%
Eastern	117	54%	114	53%	114	51%	122	54%	108	51%
Southwest	50	53%	47	49%	47	50%	49	47%	47	38%
State	1073	53%	1079	53%	1077	53%	1045	52%	1053	52%



## Southwest Region Report

<b>Other</b>											
Northern	47	11%	50	12%	36	9%	41	11%	28	7%	
Salt Lake	109	10%	102	9%	117	11%	122	11%	132	12%	
Western	9	4%	11	5%	10	4%	18	8%	15	7%	
Eastern	3	2%	5	2%	7	3%	8	4%	5	5%	
Southwest	4	4%	1	1%	1	1%	4	4%	9	7%	
State	172	9%	169	8%	171	9%	193	10%	189	9%	

### 12. Number and percent of all children younger than five years exiting custody in year who were in care longer than six months. (Data is by case closure reason.)

	1st QT 2001		2nd QT 2001		3rd QT 2001		4th QT 2001		1st QT 2002		
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
Adoption final											
Northern	14	58%	29	81%	12	57%	10	36%	11	61%	
Salt Lake	22	55%	35	69%	33	61%	21	50%	26	63%	
Western	1	17%	9	64%	9	60%	10	71%	2	25%	
Eastern	0	0%	9	90%	2	50%	2	100%	3	38%	
Southwest	2	22%	3	50%	0	0%	1	25%	3	100%	
State	39	48%	85	73%	56	60%	44	49%	45	58%	
Custody returned to parent											
Northern	9	38%	5	14%	7	33%	16	57%	7	39%	
Salt Lake	13	33%	11	22%	16	30%	16	38%	12	29%	
Western	5	83%	4	29%	1	7%	2	14%	4	50%	
Eastern	1	50%	1	10%	2	50%	0	0%	4	50%	
Southwest	7	78%	1	17%	0	0%	2	50%	0	0%	
State	35	43%	22	19%	26	28%	36	40%	27	35%	
Custody returned to relative/guardian											
Northern	1	4%	1	3%	2	10%	2	7%	0	0%	
Salt Lake	4	10%	5	10%	5	9%	5	12%	3	7%	
Western	0	0%	1	7%	5	33%	2	14%	2	25%	
Eastern	0	0%	0	0%	0	0%	0	0%	1	13%	
Southwest	0	0%	2	33%	0	0%	1	25%	0	0%	
State	5	6%	9	8%	12	13%	10	11%	6	8%	
Custody to foster parent											
Northern	0	0%	0	0%	0	0%	0	0%	0	0%	
Salt Lake	0	0%	0	0%	0	0%	0	0%	0	0%	
Western	0	0%	0	0%	0	0%	0	0%	0	0%	
Eastern	1	50%	0	0%	0	0%	0	0%	0	0%	
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%	
State	1	1%	0	0%	0	0%	0	0%	0	0%	
Death											
Northern	0	0%	0	0%	0	0%	0	0%	0	0%	
Salt Lake	1	3%	0	0%	0	0%	0	0%	0	0%	
Western	0	0%	0	0%	0	0%	0	0%	0	0%	
Eastern	0	0%	0	0%	0	0%	0	0%	0	0%	
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%	
State	1	1%	1	1%	0	0%	0	0%	0	0%	

**13. Number and percent of all children exiting custody in year who were in care longer than six months. (Data is by case closure reason.)**

	1st QT 2001		2nd QT 2001		3rd QT 2001		4th QT 2001		1st QT 2002	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Adoption final</b>										
Northern	22	40%	38	50%	22	37%	24	35%	17	32%
Salt Lake	29	17%	5	34%	45	32%	35	30%	38	28%
Western	2	6%	13	34%	9	32%	14	35%	2	5%
Eastern	1	4%	10	40%	2	12%	3	14%	5	17%
Southwest	2	10%	4	24%	1	14%	3	21%	3	43%
State	56	18%	70	37%	79	30%	79	31%	65	24%
<b>Emancipation</b>										
Northern	8	14%	9	12%	4	7%	5	7%	14	26%
Salt Lake	26	15%	24	16%	13	10%	26	23%	20	15%
Western	12	33%	4	11%	2	7%	3	8%	8	19%
Eastern	4	15%	6	24%	4	24%	5	24%	4	14%
Southwest	3	14%	1	6%	3	43%	1	7%	0	0%
State	53	17%	44	14%	26	9%	40	16%	46	17%
<b>Returned to parent</b>										
Northern	18	31%	17	22%	21	36%	32	47%	17	32%
Salt Lake	82	49%	47	32%	51	36%	42	37%	49	36%
Western	13	36%	14	37%	5	18%	14	35%	16	37%
Eastern	14	54%	4	16%	8	47%	7	33%	11	38%
Southwest	15	71%	7	41%	2	29%	9	64%	4	57%
State	142	46%	89	28%	87	34%	104	40%	97	36%
<b>Custody to relative/guardian</b>										
Northern	7	12%	6	8%	9	15%	4	5%	4	8%
Salt Lake	13	8%	12	8%	14	10%	8	7%	20	15%
Western	5	14%	6	16%	11	39%	8	20%	10	23%
Eastern	2	8%	1	4%	3	18%	3	14%	7	24%
Southwest	1	5%	5	29%	0	14%	1	7%	0	0%
State	28	9%	30	10%	37	15%	24	9%	41	41%
<b>Custody to youth corrections</b>										
Northern	1	2%	4	5%	0	0%	3	4%	0	0%
Salt Lake	12	7%	4	3%	10	7%	2	2%	6	4%
Western	2	6%	0	0%	0	0%	1	3%	4	9%
Eastern	3	12%	1	4%	0	0%	2	10%	1	4%
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%
State	18	6%	9	3%	10	4%	8	3%	11	4%
<b>Custody to foster parent</b>										
Northern	1	2%	0	0%	0	0%	0	0%	1	2%
Salt Lake	4	2%	8	5%	7	5%	2	2%	0	0%
Western	2	6%	0	0%	0	0%	0	0%	3	7%
Eastern	2	8%	3	12%	0	0%	1	5%	1	4%
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%
State	9	3%	11	4%	7	3%	3	1%	5	2%

## Southwest Region Report

<b>Death</b>											
Northern	0	0%	1	1%	0	0%	0	0%	0	0%	
Salt Lake	1	1%	0	0%	0	0%	0	0%	0	0%	
Western	0	0%	0	0%	0	0%	0	0%	0	0%	
Eastern	0	0%	0	0%	0	0%	0	0%	0	0%	
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%	
State	1	0%	1	0%	0	0%	0	0%	0	0%	
<b>Non-petitional release</b>											
Northern	1	2%	0	0%	1	5%	0	0%	0	0%	
Salt Lake	0	0%	2	1%	1	1%	0	0%	4	3%	
Western	0	0%	1	3%	0	0%	0	0%	0	0%	
Eastern	0	0%	0	0%	0	0%	0	0%	0	0%	
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%	
State	1	0%	3	1%	2	2%	0	0%	4	2%	
<b>Petition</b>											
Northern	0	0%	0	0%	0	0%	0	0%	0	0%	
Salt Lake	0	0%	1	1%	0	0%	0	0%	0	0%	
Western	0	0%	0	0%	0	0%	0	0%	0	0%	
Eastern	0	0%	0	0%	0	0%	0	0%	0	0%	
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%	
State	0	0%	1	0%	0	0%	0	0%	0	0%	
<b>Denied</b>											
Northern	0	0%	0	0%	0	0%	0	0%	0	0%	
Salt Lake	0	0%	0	0%	0	0%	0	0%	0	0%	
Western	0	0%	0	0%	1	4%	0	0%	0	0%	
Eastern	0	0%	0	0%	0	0%	0	0%	0	0%	
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%	
State	0	0%	0	0%	1	0%	0	0%	0	0%	
<b>Voluntary custody terminated</b>											
Northern	0	0%	1	1%	0	0%	0	0%	0	0%	
Salt Lake	1	1%	0	0%	0	0%	0	0%	0	0%	
Western	0	0%	0	0%	0	0%	0	0%	0	0%	
Eastern	0	0%	0	0%	0	0%	0	0%	0	0%	
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%	
State	1	0%	1	0%	0	0%	0	0%	0	0%	

### 14. Number and percent of children age 18 years or older, exiting care by education level.

	1st QT 2001		2nd QT 2001		3rd QT 2001		4th QT 2001		1st QT 2002	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Attending school</b>										
Northern	DATA NOT AVAILABLE UNTIL 1st QUARTER 2002								3	23%
Salt Lake									12	46%
Western									1	14%
Eastern									0	0%
Southwest									0	0%
State									16	31%

# Southwest Region Report

<b>Graduated</b>										
Northern									0	0%
Salt Lake									3	12%
Western									1	14%
Eastern									0	0%
Southwest									0	0%
State									4	8%
<b>Not in school</b>										
Northern									1	8%
Salt Lake									1	4%
Western									0	0%
Eastern									0	0%
Southwest									0	0%
State									2	4%
<b>Blank</b>										
Northern									9	69%
Salt Lake									10	38%
Western									5	71%
Eastern									5	100%
Southwest									0	0%
State									29	57%

**15. Number of children in custody who are legally freed for adoption and the percent who are placed in an adoptive home within six months.**

	1st QT 2001		2nd QT 2001		3rd QT 2001		4th QT 2001		1st QT 2002	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Northern									25	56%
Salt Lake			DATA NOT AVAILABLE UNTIL 1st QUARTER 2002						74	32%
Western									2	0%
Eastern									0	0%
Southwest									8	88%
State									109	41%

**16. Number and percent of adoption placements that disrupt before finalization.**

	1st QT 2001		2nd QT 2001		3rd QT 2001		4th QT 2001		1st QT 2002	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Northern	2	2%	1	1%	1	2%	1	2%	2	3.92%
Salt Lake	6	4%	4	2%	1	1%	1	1%	0	0%
Western	1	3%	0	0%	0	0%	0	0%	0	0%
Eastern	0	0%	0	0%	0	0%	0	0%	1	7.14%
Southwest	0	0%	0	0%	0	0%	0	0%	1	1.09%
State	9	3%	5	2%	2	1%	2	1%	4	2.27%